

**Organizational Self Assessment
Long Term Care**

(Recommended prior to submitting a formal intent to apply for Pathway to Excellence®)

The first step in pursuing recognition as a Pathway to Excellence in Long Term Care™ organization is a Self-Assessment. The Self-Assessment must be deliberate and honest if it is to serve as an organizational measure of whether or not to pursue the Pathway to Excellence in Long Term Care designation. This process requires an organization to compare itself against the compulsory elements of the Pathway to Excellence in Long Term Care program to assess the organization's current state. Specific guidance on the Self-Assessment can be found in the Pathway to Excellence Application Manual.

1) Are all members of the nursing staff actively engaged in and aware of the Pathway to Excellence in Long Term Care application?	Y	N
2) Are Certified Nurse Assistants (CNAs) included in the nursing community?	Y	N
3) Are RNs, LPNs, and/or CNAs involved in decision-making and all phases of projects that affect nursing, including quality processes?	Y	N
4) Is there evidence that a delineated nursing shared governance model is in place and integrated throughout the organization?	Y	N
5) Is there a policy indicating mandatory overtime is not required for nursing staff?	Y	N
6) Is the development of policy/procedures evidence-based and are at least two of these being implemented?	Y	N
7) Is there input from RNs, LPNs, and CNAs on staffing plans and do they serve on nursing and facility committees?	Y	N
8) Are protective security measures in place for residents and staff?	Y	N
9) Are prevention measures in place to decrease injury, illness, and accidents?	Y	N
10) Do RNs, LPNs, and/or CNAs actively participate on safety committees and in product evaluation?	Y	N
11) Are policies in place to address resident abuse and neglect?	Y	N
12) Are policies in place to address the use of restraints and falls prevention?	Y	N
13) Are employee support structures in place for reporting and addressing work environment events or concerns?	Y	N
14) Are supportive processes in the work environment perceived as restorative and/or holistic?	Y	N
15) Is there a person-centered model of care present?	Y	N
16) Is the person-centered model of care well understood by all staff?	Y	N
17) Are non-adversarial, non-retaliatory, and alternative dispute resolution mechanisms in place to address concerns about the professional practice of healthcare professionals?	Y	N
18) Are there systems to assess quality of resident care as well as rights and culturally sensitive needs of residents?	Y	N
19) Are error prevention and management procedures disseminated to all staff on an ongoing basis?	Y	N
20) Do orientation activities incorporate general and specific mandatory training requirements?	Y	N
21) Does nursing orientation involve a personalized plan with close supervision of the orientee/new nurse by peers and supervisors providing timely feedback?	Y	N
22) Do staffing patterns accommodate the orientation activities of new nurses?	Y	N

23) Is a cross orientation program in place if assigned to multiple staffing areas?	Y	N
24) Are nurses provided education/training to serve as a preceptor and receive feedback?	Y	N
25) Is the DON a registered nurse (RN)?	Y	N
26) If the DON does not currently hold a BSN, is there a written plan demonstrating active progression toward certification in management or administration and/or degree advancement?	Y	N
27) Is the DON accessible and an advocate for residents and direct care staff?	Y	N
28) Is the DON an advocate for quality of care?	Y	N
29) Is continuing education supported and geared toward the RNs, LPNs, and/or CNAs roles and responsibilities?	Y	N
30) Are there examples of development opportunities through mentoring of staff in both the clinical and administrative arenas?	Y	N
31) Is there a process for nurses that facilitates the development of competence, recognition and/or advancement.	Y	N
32) Can we demonstrate that nurses' wages and salaries are competitive, market adjusted and commensurate with education, expertise, experience and longevity?	Y	N
33) Is incentive pay based on performance and goal achievement?	Y	N
34) Are opportunities and rewards or incentives offered to nurses who serve as outstanding role models for exceptional service?	Y	N
35) Do external entities, such as community and nursing organizations, recognize the nurses employed at the healthcare organization for the accomplishments and contribution to the community and/or profession?	Y	N
36) Are flexible staffing options provided?	Y	N
37) In addition to Employee Assistance Programs, are other health and wellness support services in place?	Y	N
38) Are RNs, LPNs, and CNAs involved in developing their work schedule to meet organizational and personal needs?	Y	N
39) Are mechanisms in place that foster and support collaborative interdisciplinary initiatives?	Y	N
40) Are established procedures utilized to constructively manage interdisciplinary conflict?	Y	N
41) Does the nurse manager participate in self evaluation, development, and achievement of predetermined goals?	Y	N
42) Is the nurse manager able to describe examples in which s/he has advocated for residents, direct care nurses, and nursing staff?	Y	N
43) Do both staff and peers have input to manager's/supervisor's evaluation?		
44) Is the nurse manager's performance evaluated on outcome measures?	Y	N
45) Are incentives awards provided for nurse managers achieving outcomes beneficial to the resident and/or organization?	Y	N
46) Is there a current written nursing quality plan?	Y	N
47) Do direct care nurses actively participate in outcome based quality initiatives?	Y	N
48) Are evidence-based practices utilized by direct care nurses and nursing staff?	Y	N